



# 2016 Contest Registration

Athens,GA     Raleigh, NC     Greenville, NC

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Hometown, State: \_\_\_\_\_

Age: \_\_\_\_\_ Sponsors: \_\_\_\_\_

Discipline:     Park     Flatland     Street     Dirt (Raleigh,NC Only)

Park Class:     Beginner     Novice     Expert     Veteran     Pro

Flatland Class:     Beginner     Expert     Pro

Street Class:     Good     Great

Dirt Classes:     Beginner     Expert     Pro

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In consideration of my/my minor child's opportunity to participate in the ABSA's Trans Jam BMX Contest and acknowledgement that the participation in the ABSA's Trans Jam BMX Contest involves the possibility of injury, I agree to and so hereby indemnify, hold harmless, release and discharge the Atlantic Bike Stunt Alliance, Inc., their agents, and/or representatives, employees, sponsors, volunteers, officers, and directors from any and all damages and causes of action, including expenses, costs and attorney fees, whether in contract or tort law which may arise on account of any damages resulting from my/my minor child's participation in the ABSA's Trans Jam BMX Contest.

I further understand the importance of and necessity to wear a bicycle helmet and protective gear during practice and during the above aforementioned contest. I understand a non-full face helmet does not offer full protection and serious injury can be avoided by wearing a full face motorcycle helmet, and a full face helmet is highly recommended. The use of a bicycle braking system is also encouraged. I understand that it is for my/my child's protection that I/my child agree(s) to wear the appropriate protective gear. The ABSA is not responsible for any injuries, stolen equipment or personal items, or deaths associated with the Trans Jam BMX Contest. **PROOF OF HEALTH INSURANCE IS REQUIRED IN ORDER TO COMPETE.**

I/my child and I understand that the ABSA's competition will be video taped and photographed for rebroadcast, sale, and miscellaneous uses. In consideration for my participation in said contest I hereby release all rights to such taping and photography, in any media, and any rights to edited or unedited materials for rebroadcast, sale, or miscellaneous use by an individual or company associated or unassociated with ABSA. I demand no payment for the relinquishment of rights.

**(My child and)/I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I/MY CHILD AND I AGREE TO THE TERMS OUTLINED BY SIGNING IT VOLUNTARILY.**

Signature of Legal Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Rider/Participant \_\_\_\_\_ Date \_\_\_\_\_

Address of Participant \_\_\_\_\_  
Street City/State Zip

### In Case of Emergency Contact:

Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

### ABSA USE ONLY

Registration Paid     Proof of Insurance     Under 18, Parent Present/Notarized  
 Identification Provided     Added to Judges Score Sheet